

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
BAKER,	KAREN		(916) 323-7646
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1110 K Street		Sacramento	CA 95812

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Planning and Research

Division, Board, District, if applicable:

Your Position:

Senior Assistant to Governor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 13

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-25-09

(month, day, year)

Signature Karen Baker

(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Karen Baker

NAME OF BUSINESS ENTITY E-TRADE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY KRYPTIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY Medical Record Systems

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Karen Baker

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Pacific Ethanol Inc.

ADDRESS

400 Capitol Mall, Suite 2060

BUSINESS ACTIVITY, IF ANY, OF SOURCE

95814

YOUR BUSINESS POSITION

Director of Human Resources

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Karin Baker

▶ NAME OF SOURCE
Shinryo-en Foundation

ADDRESS
201 Mission Street #2450, San Francisco 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/28/08</u>	<u>\$150.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Amaria Romero-Thomas, United Way Silicon Valley

ADDRESS
1400 Parkmore Ave #250 San Jose CA 95126-3429

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Volunteer Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08/20/08</u>	<u>\$50.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Maria Shriver, First Lady

ADDRESS
State Capitol Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
First Lady

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/09/08</u>	<u>\$100.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Arnold Schwarzenegger, Governor

ADDRESS
State Capitol Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Governor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/20/08</u>	<u>\$68.05</u>	<u>robe</u>
<u>12/20/08</u>	<u>\$34.00</u>	<u>popcorn tin</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Riverside County Volunteer Firefighters Assoc.

ADDRESS
14080 Palm Drive #D Desert Hot Springs, CA 92240

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Volunteer Fire Fighters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/23/08</u>	<u>\$200.00</u>	<u>firefighter hat</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Aga Khan, Karim al-Hussayni

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Dignitary

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/19/08</u>	<u>\$24.95</u>	<u>Book</u>
<u>12/19/08</u>	<u>\$75.00</u>	<u>Book</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____